

Lesbian, Gay, Bisexual, Transgender (LGBT) Substance Abuse Clients and Their Access to Prevention, Treatment, and Recovery Support Services in the State.

In 2002, the National Association of Lesbian & Gay Addiction Professionals (NALGAP) published an article (see References) on its website, nalgap.org, to summarize the current state of knowledge regarding alcohol,

tobacco, and other drug problems among members of American's lesbian, gay, bisexual and transgender communities. The California Alcohol & Drug Department's LGBT Constituent Committee acknowledges NALGAP's contributions and supports the contents of this summary. However, the Committee also notes, in the words of one of the early drafts of California's 1995 manual *Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community*, "Sexual behavior acquires labels only within a cultural context." We respect those Californians who do not identify themselves with "LGBT culture," whatever their sexual choices, practices or gender identity may be.

In this regard, the Committee is also mindful that the number of people who may be sexually or romantically attracted to both women and men is presumed to be much greater than the very few who have been willing to self-identify as "bisexual" in a society that does not respect bisexual identity. Some bisexuals consider themselves members of the LGBT community, others do not.

The term "transgender" has come to apply to a complex range of gender variant roles of some individuals regarding their self-identified gender, gender presentation, and/or their roles as sexual beings. Some among them seek to live and be treated as the opposite gender in which they were born, and as heterosexual men and women. These individuals often do not regard themselves as "transgender" nor identify with any of what the LGBT labels signify.

These caveats become increasingly significant in attempts to quantify alcohol, tobacco, and other drug problems among LGBT individuals and to identify programs and services appropriate to their needs. While research into the lives and health-related practices of lesbians and gay men is woefully lacking, hardly any has yet been done regarding bisexual and transgender people. And programs and services said to be "LGBT-friendly," may actually have little or no competence in serving transgender or bisexual clients.

Readers of this document will also be helped in their understanding of the issues this Committee addresses by considering that youth – generally meaning adolescents in this paper – is another "cultural context," in which the labels we use may be inappropriate, ambiguous, or even meaningless. Many of today's 'coming out youth,' have embraced "queer," a label that carried very negative meanings for earlier generations and is still not universally accepted among LGBT people.

Finally, the Committee acknowledges that "Intersex" is an additional label sometimes linked with LGBT concerns in recent years, generally referring to those individuals whose anatomical gender at birth was ambivalent. According to advocates for the Intersex community, the gender of most of these individuals was determined surgically soon after birth, often without the knowledge or agreement of the infant's parents and with little consideration for how this surgery might effect their lives. Some Intersex people identify with LGBT political and cultural life, others do not. The Committee is respectful of these choices and hopes that some of its work is of benefit to Intersex people, but cannot claim expertise regarding their needs or their alcohol, tobacco, and other drug experiences.

ALCOHOL, TOBACCO & OTHER DRUG PROBLEMS & LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT) INDIVIDUALS

Reliable information about the size of the LGBT population is not available for a number of reasons: lack of research, fear of LGBT people to self-identify, variances in the acceptance of the LGBT labels. This also makes it difficult to determine the extent of LGBT substance abuse problems. But available studies indicate that LGBT people are more likely to use alcohol, tobacco and other drugs than the general population, are less likely to abstain, report higher rates of substance abuse problems, and are more likely to continue heavy drinking into later life.

LGBT's use alcohol, tobacco and other drugs for the same reasons as others, but their likelihood for doing so is heightened by personal and cultural stresses resulting from anti-gay bias. Reliance on bars for socialization, stress caused by discrimination, and targeted advertising by tobacco and alcohol businesses in gay and lesbian publications are all believed to contribute to increased pressures on LGBT individuals to engage in substance abuse. Education, prevention, intervention, and treatment efforts for LGBT's are further complicated by the LGBT community's dependence upon alcohol and tobacco funding sources to support basic community services and cultural activities. Annual "gay pride" events, for example, are frequently sponsored by these businesses, as are a great many HIV/AIDS organizations and AIDS awareness-raising projects in which members of this culture are likely to participate.

"Homophobia" was coined in 1972 to describe fear and loathing of LGBT people by others. Internalized homophobia is a form of self-limiting, self-loathing—an im-

portant concept to understand in developing substance abuse services for this population that are trauma-informed. Anti-gay bias also results in frequent hate crimes aimed at LGBT youths, adding further to the stress of homophobia and heterosexism (an assumption that heterosexuality is the referred norm for everyone.) Since the early 1980s “AIDS-phobia”—from both the outside world and as another form of internalized negative self-perception— causes added stress for many LGBT individuals.

Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community (published in 1995 for “Alive With Pleasure,” a SAMHSA/CSAP-funded conference on the topic) lists six substance abuse-specific risk factors for LGBT adolescents:

- ◆ Sense of self as worthless or bad.
- ◆ Lack of connectedness to supportive adults and peers.
- ◆ Lack of alternative ways to view “differentness”
- ◆ Lack of access to positive role models.
- ◆ Lack of opportunities to socialize with other gays/lesbians outside of bars or nightclubs .
- ◆ The risk of contracting HIV.

Recommendations for prevention strategies specific to LGBT individuals and communities include:

- ◆ Public education and policy advocacy aimed at eliminating heterosexism and homophobia.
- ◆ LGBT cultural competency training for community-based agencies, programs and services, including those focused on substance abuse (e.g., police, health and social services, education, faith community, families, and foster care).
- ◆ Safer, alternative venues for LGBT youth and those in the process of forming their sexual identities to “come out.”

Like other communities, the LGBT community is typified by its own history, customs, values, and social and behavioral norms. It has clearly identified festivals, holidays, rituals, symbols, heroes, language, art, music, and literature. Effective substance abuse prevention, intervention, treatment, and recovery must both reflect and mobilize LGBT culture. Prevention and treatment that are not affirming of LGBT people are not only non-productive, they may increase problems.

Recommendations to the Director, CA ADP:

The CA ADP LGBT Constituent Committee recommends the following:

- ◆ That a copy of this document under cover of a letter from the Office of the Director, CA ADP urging that this paper be used to assess and develop alcohol, tobacco, and other drug programs and services in California, be sent to: chairs of all committees of the Director’s Advisory Council, and to all California County alcohol and drug program administrators;
- ◆ That CA ADP continue to support the activities of this Committee;
- ◆ That CA ADP continue to support an LGBT Technical Assistance contract, and to encourage that contract to place emphasis on outreach to the State’s Gay & Lesbian Community Centers regarding substance abuse problems and needs in their communities, in addition to its ongoing efforts to train community providers of alcohol and drug programs and services to become culturally competent in serving their LGBT clients, particularly in California communities lacking in LGBT-identified health resources (i.e., rural counties and communities more distant from large urban centers);
- ◆ That CA ADP include sexual orientation questions on all surveys and other data-collecting instruments it sponsors (e.g., Youth Risk Behavior Surveillance surveys, etc), and encourage other State agencies to do so as well in order to capture more accurate data regarding the health status and health needs of LGBT Californians.
- ◆ That CA ADP express its support for the standards of cultural competency in the provision of alcohol and drug programs and services described in this document wherever it has opportunities to do so;
- ◆ That CA ADP contribute to increased public awareness of the issues of LGBT substance abuse and the need for appropriate, accessible services;
- ◆ That CA ADP work with other State agencies (e.g., Office of AIDS) to increase awareness of the link between substance abuse and HIV/AIDS and the heightened risks for HIV/AIDS faced by California’s LGBT populations; to collaborate on efforts to prevent HIV/AIDS among LGBT Californians;
- ◆ That CA ADP acknowledge, reference, and include LGBTs in addressing co-occurring substance abuse and mental health problems, and the relationships between ATOD problems and other health and social problems known to affect LGBT people, such as crime and violence, domestic violence, rape and sexual assault, hate crimes, etc.
- ◆ That CA ADP identifies sources of support for development of services to meet the needs of the State’s lesbian and bisexual women, especially.

A note about the title: Lesbian, gay men, and transgender individuals have gained visibility in recent years. Some bisexual women and men have so identified themselves in public forums as well. However, many LGBT people remain hidden. Even among those who are “out” in other areas of their lives, many are still inclined to be closeted when they enter the healthcare system. Anecdotally, many LGBT people with alcohol and drug problems have failed to benefit from existing programs and services either because they perceived that LGBT issues are not welcomed or addressed in the majority of alcohol and drug programs, or because a negative word or action relating to their LGBT status made clear that their safety depended on secrecy. Consequently, many, perhaps most agencies and programs do not “see” the LGBT clients they now serve, these “invisible Californians.”

References

National Association of Lesbian & Gay Addiction Professionals (NALGAP) www.nalgap.org - see homepage link to NALGAP Prevention Policy Statement & Guidelines (http://www.nalgap.org/NALGAP_94_Prev_Policy_Guidelines.pdf)

NCADI's PREVLIN Celebrating LGBT Pride & Diversity Section: www.ncadi.samhsa.gov/features/lgbt/index.htm (or select “Lesbian, Gay, Bisexual, Transgender from the Audience menu at www.ncadi.samhsa.gov)

CSAP Substance Abuse Resource Guide: Lesbian, Gay, Bisexual and Transgender Populations (rev. 2000, SAMHSA/CSAP) MS489: <http://www.health.org/referrals/resguides.asp?InvNum=MS489>

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, & Transgender Individuals (2001, SAMHSA/CSAT) BKD392: <http://www.health.org/govpubs/BKD392/index.pdf>

Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health (2001, Gay and Lesbian Medical Association): <http://www.glma.org/policy/hp2010/index.html>

Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community (available in printed form only from PRTA [www.pртаonline.org])

CSAP Cultural Competence Series #4: Cultural Competence for Social Workers Chapter 6: *Gay and Lesbian Persons* 1995, BKD189

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LGBT Constituent Committee

The Lesbian, Gay, Bisexual, and Transgender Constituent Committee was established to advise and assist the Director and Executive Staff of the California Department of Alcohol and Drug Programs (ADP) in matters concerning alcohol and other drug abuse, prevention, and services. The purpose of the committee is to improve and expand alcohol and drug services for the lesbian, gay, bisexual, and transgender populations in California.